



SUSANA MARTINEZ
Governor

JOHN A. SANCHEZ
Lieutenant Governor

NEW MEXICO
ENVIRONMENT DEPARTMENT

Ground Water Quality Bureau

Harold Runnels Building
1190 St. Francis Drive
PO Box 5469, Santa Fe, NM 87502-5469
Phone (505) 827-2900 Fax (505) 827-2965
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DAVE MARTIN
Secretary

BUTCH TONGATE
Deputy Secretary

October 5, 2011

EPA Region 6
6WQ-SG
1445 Ross Avenue, Suite 1200
Dallas TX 75202-2733
ATTN: Ms. Minnie Howard

RE: 7520 Report Forms and UIC Well Inventory

Dear Ms. Howard:

Enclosed are the 7520 forms for the reporting period October 1, 2010 – September 30, 2011, as required by the New Mexico Environment Department (NMED) annual UIC work plan. I have also included our yearly UIC well inventory.

WELL CLASS	NO. OF FACILITIES	NO. OF WELLS ACTIVE	NO. OF WELLS UNDER CONSTRUCTION	NO. OF WELLS TEMPORARILY ABANDONED	NO. OF WELLS PERMANENTLY ABANDONED
I					
III					
IV					
V	454	1319*	73	566*	1279

*These values increased significantly because the full number of injection wells at the Homestake Mining Uranium Mill, Discharge Permit 200, were never included.

If you have any questions or concerns regarding this submittal please call me at (505) 827-1049.


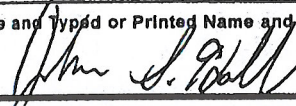
Sincerely,

John S. Hall
UIC Coordinator

Enclosures: EPA forms 7520-1, 7520-2A, 7520-2B, 7520-3, 7520-4

WA-VI-Pf

United States Environmental Protection Agency Office of Ground Water and Drinking Water Washington, DC 20460 UIC Federal Reporting System Part I: Permit Review and Issuance/ Wells in Area of Review (This information is solicited under the authority of the Safe Drinking Water Act)					I. Name and Address of Reporting Agency United States Environmental Protection Agency New Mexico Environment Department PO Box 5469 Santa Fe, NM 87502-5469						
II. Date Prepared (month, day, year) 10/05/2011		III. State Contact (name, telephone no.) John S. Hall (505)-827-1049		IV. Reporting Period (month, year) From October 1, 2010 To 09/30/2011							
Item					Class and Type of Injection Wells						
					I	II SWD 2D	ER 2R	HC 2H	III	IV	V
V. Permit Application Number of Permit Applications Received											42
VI. Permit Determination	Permit Issued	A	Number of Individual Permits Issued (One Well)	New Wells							12
			Existing Wells							6	
		B	Number of area Permits* Issued (Multiple Wells) (*See instructions on back)	New Well Field							17
				Existing Well Field							9
		C	Number of Wells in Area Permits (See B above)	New Wells							100
				Existing Wells							51
Permit Not Issued	D	Number of Permits Denied/Withdrawn (after complete technical review)							5		
Modification Issued	E	Number of Major Permit Modifications Approved							7		
VII. Permit File Review Number of Rule-Authorized Class II Wells Reviewed					Wells Reviewed						
					Wells Deficient						
VIII. Area of Review (AOR)	Wells Reviewed	A	Number of Wells In Area of Review	Abandoned Wells							
	Other Wells										
	Wells Identified for C/A	B	Number of Wells Identified for Corrective Action	Abandoned Wells							
	Other Wells										
	Wells with C/A	C	1. Number of Wells in AOR with Casing Repaired/Reconcreted C/A 2. Number of Active Wells in AOR Plugged/Abandoned 3. Number of Abandoned Wells in AOR Replugged 4. Number of Wells in AOR with "Other" Corrective Action								
IX. Remarks/Ad Hoc Report (Attach additional sheets if necessary)											
Certification I certify that the statements I have made on this form and all attachments thereto are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.											
Signature and Typed or Printed Name and Title of Person Completing Form JOHN S. HALL, UIC COORDINATOR									Date 10/05/2011		Telephone No. (505) 827-1049

 United States Environmental Protection Agency Office of Ground Water and Drinking Water Washington, DC 20460 UIC Federal Reporting System Part II: Compliance Evaluation (This information is solicited under the authority of the Safe Drinking Water Act)				I. Name and Address of Reporting Agency United States Environmental Protection Agency New Mexico Environment Department PO Box 5469 Santa Fe, NM 87502-5469						
II. Date Prepared (month, day, year) 10/05/2011		III. State Contact (name, telephone no.) John S. Hall (505) 827-1049		IV. Reporting Period (month, year) From October 1, 2010 To 09/30/2011						
				Class and Type of Injection Wells						
				I	II SWD 2D	ER 2R	HC 2H	III	IV	V
V. Summary of Violations	Total Wells	A	Number of Wells with Violations							251
	Total Violations	B	1. Number of Unauthorized Injection Violations							24
			2. Number of Mechanical Integrity Violations							
			3. Number of Operation and Maintenance Violations						17	
			4. Number of Plugging and Abandonment Violations							
			5. Number of Monitoring and Reporting Violations						25	
			6. Number of Other Violations (Specify) GW Exceedance						4	
VI. Summary of Enforcement	Total Wells	A	Number of Wells with Enforcement Actions							251
	Total Enforcement Actions	B	1. Number of Notices of Violation							20
			2. Number of Consent Agreements							
			3. Number of Administrative Orders							
			4. Number of Civil Referrals							
			5. Number of Criminal Referrals							
			6. Number of Well Shut-Ins							
			7. Number of Pipeline Severances							
			8. Number of Other Enforcement Actions (Specify) Ph/email/fax/meeting							62
VII. Summary of Compliance	Number of Wells Returned to Compliance		A. This Quarter							44
			B. This Year							243
VIII. Contamination	Number of Cases of Alleged Contamination of a USDW									4
IX. MIT Resolved	Percent of MIT Violations Resolved in 90 Days									
X. Remarks/Ad Hoc Report (Attach additional sheets)										
Certification I certify that the statements I have made on this form and all attachments thereto are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.										
Signature and Typed or Printed Name and Title of Person Completing Form  JOHN S. HALL, VIC COORDINATOR								Date 10/05/2011		Telephone No. (505) 827-1049



United States Environmental Protection Agency
Office of Ground Water and Drinking Water
Washington, DC 20460

UIC Federal Reporting System
Part II: Compliance Evaluation
Significant Noncompliance
(This information is solicited under the
authority of the Safe Drinking Water Act)

I. Name and Address of Reporting Agency

United States Environmental Protection Agency

New Mexico Environment Department
PO Box 5469
Santa Fe, NM 87502-5469

II. Date Prepared (month, day, year)

10/05/2011

III. State Contact (name, telephone no.)

John S. Hall (505) 827-1049

IV. Reporting Period (month, year)

From

October 1, 2010

To

09/30/2011

Class and Type of Injection Wells

	Item	Class and Type of Injection Wells							
		I	II			III	IV	V	
			SWD 2D	ER 2R	HC 2H				
V. Summary of Significant Non- Compliance (SNC)	Total Wells	A	Number of Wells with SNC Violations						84
	Total Violations	B	1.	Number of Unauthorized Injection SNC Violations					24
		2.	Number of Mechanical Integrity SNC Violations						
		3.	Number of Injection Pressure SNC Violations						
		4.	Number of Plugging and Abandonment SNC Violations						
		5.	Number of SNC Violations of Formal Orders						
		6.	Number of Falsification SNC Violations						
		7.	Number of Other SNC Violations (Specify)						
VI. Summary of Enforcement Against SNC	Total Wells	A	Number of Wells with Enforcement Actions Against SNC						84
	Total Enforcement Actions	B	1.	Number of Notices of Violation					8
		2.	Number of Consent Agreements/Orders						
		3.	Number of Administrative Orders						
		4.	Number of Civil Referrals						
		5.	Number of Criminal Referrals						
		6.	Number of Well Shut-Ins						
		7.	Number of Pipeline Severances						
8.	Number of Other Enforcement Actions Against SNC Violations (Specify)					20			
VII. Summary of Compliance	Number of Wells In SNC Returned to Compliance	A. This Quarter						22	
		B. This Year						84	
VIII. Contamination	Number of Cases of Alleged Contamination of a USDW							4	
IX. Well Closure	Class IV/Endangering Class V Well Closures	Involuntary Well Closure							
		Voluntary Well Closure							

Certification

I certify that the statements I have made on this form and all attachments thereto are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.

Signature and Typed or Printed Name and Title of Person Completing Form


John S. Hall JOHN S. HALL, UIC COORDINATOR

Date

10/05/2011

Telephone No.

(505) 827-1049

 <p>United States Environmental Protection Agency Office of Ground Water and Drinking Water Washington, DC 20460</p> <p>UIC Federal Reporting System Part III: Inspections Mechanical Integrity Testing</p> <p>(This information is solicited under the authority of the Safe Drinking Water Act)</p>				I. Name and Address of Reporting Agency United States Environmental Protection Agency New Mexico Environment Department PO Box 5469 Santa Fe, NM 87502-5469					
II. Date Prepared (month, day, year) 10/05/2011		III. State Contact (name, telephone no.) John S. Hall (505) 827-1049		IV. Reporting Period (month, year) From October 1, 2010 To 09/30/2011					
				Class and Type of Injection Wells					
				I	II SWD 2D ER 2R HC 2H	III	IV	V	
V. Summary of Inspections	Total Wells	A	Number of Wells Inspected					348	
	Total Inspections	B	1. Number of Mechanical Integrity Tests (MIT) Witnessed						
			2. Number of Emergency Response or Complaint Response Inspections						
			3. Number of Well Constructions Witnessed						
			4. Number of Well Pluggings Witnessed						
			5. Number of Routine/Periodic Inspections					114	
VI. Summary of Mechanical Integrity (MI)	Total Wells	A	Number of Wells Tested or Evaluated for Mechanical Integrity (MI)						
	For Significant Leak	B	No. of Rule-Authorized Wells Tested/Evaluated for MI		Passed 2-part test				
					Failed 2-part test				
		C	1. Number of Annulus Pressure Monitoring Record Evaluations		Well Passed				
					Well Failed				
			2. No. of Casing/Tubing Pressure Tests		Well Passed				
					Well Failed				
		D	3. Number of Monitoring Record Evaluations		Well Passed				
					Well Failed				
	4. No. of Other Significant Leak Tests/Evaluations (Specify)		Well Passed						
			Well Failed						
	For Fluid Migration	E	1. Number of Cement Record Evaluations		Well Passed				
					Well Failed				
		F	2. Number of Temperature/Noise Log Tests		Well Passed				
					Well Failed				
		G	3. No. of Radioactive Tracer/Cement Bond Tests		Well Passed				
			Well Failed						
H		4. No. of Other Fluid Migration Tests/Evaluations (Specify)		Well Passed					
				Well Failed					
VII. Summary of Remedial Action	Total Wells	A	Number of Wells with Remedial Action						
	Total Remedial Actions	B	1. Number of Casing Repaired/Squeeze Cement Remedial Actions						
			2. Number of Tubing/Packer Remedial Actions						
			3. Number of Plugging/Abandonment Remedial Actions						
			4. Number of Other Remedial Actions (Specify)						

VIII. Remarks/Ad Hoc Report (Attach additional sheets)

Certification

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Signature and Typed or Printed Name and Title of Person Completing Form

Date

Telephone No.

10/05/2011

(505) 827-1049



United States Environmental Protection Agency
Office of Ground Water and Drinking Water
Washington, DC 20460

UIC Federal Reporting System
Part IV: Quarterly Exceptions List

(This information is collected under the authority of the Safe Drinking Water Act)

OMB No. 2040-0042
Approval expires 4/30/07

I. Reporting Period

From

10/01/2010

To

09/30/2011

II. Well Class and Type	III. Name and Address of Owner/Operator	IV. Well ID No. (Permit No.)	V. Summary of Violations								VI. Summary of Enforcement								VII. Date Compliance Achieved	
			Date of Violation	Mark ('X') Violation Type							Date of Enforcement	Mark ('X') Enforcement Type								
				Unauthorized Injection	Well Mechanical Integrity	Injection Pressure	Plugging and Abandonment	Formal Order	Falsification	Other (Specify)		Notice of Violation	Consent Agreement	Administrative Order	Civil Referral	Criminal Referral	Well Shut-in	Pipeline Severance	Other (Specify)	
	None to report																			

Certification

I certify that the statements I have made on this form and all attachments thereto are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.

Signature of Person Completing Form

Typed or Printed Name and Title

John S. Hall, UIC Coordinator

Date

10/05/2011

Telephone No.

(505) 827-1049